

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

82 3017 162 63-047499  
FILED DEC 26 1963

## 1. PLACE OF DEATH

a. COUNTY Cooper

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Boonville

Length of stay in 1b  
2 wks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Joseph's Hosp.

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Cooper

c. CITY OR TOWN Prairie Home

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
Gen. Del.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
LUCY BAKER HUNT

4. DATE OF DEATH  
Month Day Year  
December 15, 1963

## 5. SEX

female

## 6. COLOR OR RACE

white

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

11/17/88

## 9. AGE (last birthday)

75

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
housewife

10b. KIND OF BUSINESS OR INDUSTRY  
home

11. BIRTHPLACE (City and state or country)  
Prairie Home, Mo.

12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Hugh Logan

## 13b. MOTHER'S MAIDEN NAME

Nancy Davis

## 14. NAME OF HUSBAND OR WIFE

William Hunt

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no

## 16. SOCIAL SECURITY NO.

none

## 17. INFORMANT

Nancy Lea Hunt

## Address

Jefferson City, M.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Biliary obstruction - jaundice canal

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11-20-63 to 12-15-63 and last saw her alive on 12-15-63

Death occurred at 9:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Deceased or title)

TC Beckett

## 22b. ADDRESS

Boonville Mo

## 22c. DATE SIGNED

12-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
burial

23b. DATE  
12/17/63

23c. NAME OF CEMETERY OR CREMATORY  
Pisgah Cemetery

23d. LOCATION (City, town, or county)  
RFD Prairie Home, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

B. W. Thacher

Boonville, Mo.

## 25. DATE RECD. BY LOCAL REG.

12/16/63

## 26. REGISTRAR'S SIGNATURE

Hooper

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Berry W. Shuler

Licensed Embalmer No. 3944

P. O. Address Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.